CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE						
01/28/2016		Ballot Committee					
2. SHORT NAME OF COMMITTEE (IF APPLICAL	BLE)						
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone			
PO Box 111696 N	lashville	TN	37222	615.298.5433			
4. MEASURES SUPPORTED OR OPPOSED			0.111	010.200.0100			
Amendment 1, November 2	014						
5.A. NAME OF POLITICAL TREASURER			5.B. DA	TEAPPOINTED			
Joseph E Albin			11	/05/2013			
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- REFERENDUM	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL			
7.A. BEGINNING DATE OF REPORTING PERIOD		7.B. ENDING DATE OF REPO	RTING PERIOD				
07/31/2015		01/16	/2016				
8. (Check one)							
A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)							
B. X This committee is required to file a de \$1,000 and/or expenditures total mor tained in this statement is true and th tures required to be reported by political.	e than \$1,000 for thi at the following page	s reporting period. I do solemnes e(s) are a complete and accura	nly swear or affirm tha te accounting of all co ial Disclosure Act.	t the information con-			
9. WITNESS SIGNATURE	Alleha	signature of witness		1/28/16 date			
10. SUMMARY							
a. BALANCE ON HAND LAST REPORT			\$ <u>10,403.17</u>	-:			
b. TOTAL RECEIPTS THIS PERIOD			\$ <u>13,270.00</u>	- ,			
c. TOTAL DISBURSEMENTS THIS PERIOD .			\$ _18,483.00				
d. BALANCE ON HAND (10.a. plus 10.b. m	ninus 10.c.)			5.190.17			
e. TOTAL LOANS OUTSTANDING				100,000.00			
f. TOTAL OBLIGATIONS OUTSTANDING	2011/1 2011/1	7 7 0 0 4 3 4 8 7 1 NDIA9MAD 3		10,624.80			

SUMMARY PAGE - SMC

11.	1. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PERIOD		
	Yes on 1 Ballot Comittee	FR	ROM: 07/01/15	TO: 01/15/16	
	ECEIPTS CONTRIBUTIONS (other than loans and interest)				
	a. Unitemized Contributions (\$100 or less from each source this period)	. \$	325.00		
	b. Itemized Contributions (over \$100 from each source this period)	. \$	12,945.00		
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	•••••		.\$ _13,270.00	
14.	LOANS RECEIVED THIS REPORTING PERIOD			.\$	
15.	INTEREST RECEIVED THIS REPORTING PERIOD	******		.\$	
	TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)			\$ 13,270.00	
DI	SBURSEMENTS				
17.	EXPENDITURES (other than loan payments)				
a	. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by soline)	cate	egory - e.g., printir	ng, postage,	
yuu	\$				
-		_			
-					
-	\$	_			
320					
-	\$ \$				
To	otal of Expenditures (\$100 or less each payee)	\$ -			
b.	Itemized Expenditures (Over \$100 each payee this period)	\$;	18,483.00		
C.	TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	· · · · · · · ·	••••••	\$ <u>18.483.00</u>	
18.	LOAN REPAYMENTS MADE THIS PERIOD	400400		\$	
19.	TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)			\$ <u>18,483.00</u>	
20.	IN-KIND CONTRIBUTIONS				
a.	Unitemized in-kind contributions (\$100 or less from each source this period)	\$_			
b.	Itemized in-kind contributions (over \$100 from each source this period)	\$_			
c.	TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	*****	***************************************	\$	
21.	LOANS				
	LOANS OUTSTANDING (must be shown in item 10.e.)			<u>\$ 100,000,00</u>	
22.	OBLIGATIONS				
a.	Unitemized Obligations Outstanding (\$100 or less each)	\$_	_0		
b.	Itemized Obligations Outstanding (Over \$100 each)	\$_	10,624.80		
C.	TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f	.)	\$ <u>10,624.80</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD	
Yes on 1 Ballot Committee FROM:07/01/15					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
		ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100		during the period)	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address PO Box 1184		Dickson County Right to Lif	e		
City	State	Zip Code			
Dickson	TN	37056			
Occupation				\$495.00	
Employer					
First Name Tom	M.I.	Last Name/Organization Name Boles		Amount of Contribution	
Address 8111 Patrice Ave					
City	State	Zip Code			
Brentwood Occupation	TN	37027			
Retired				\$500.00	
Employer					
First Name Curtiss	M.I.	Last Name/Organization Name Sheldon		Amount of Contribution	
Address 144 Dudala Way		Choldon			
City	State	Zip Code			
Loudon Occupation	TN	37774-6806			
Retired					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address 3609 Hwy 13 N		Humphreys County Right to Life			
	State	Zip Code			
Waverly Occupation	TN	37185			
Оссирации				04.000.00	
Employer				\$1,000.00	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code			
Occupation					
Employer Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS				10	
(Carry forward to item 3. of next page if additional pages of this form are used.)				\$12,945.00	
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)					



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE 2. REPORT COVE					ERING THE PERIOD	
Yes on 1 Ballot Committee FROM:07/01/15					TO: 01/15/16	
TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
			enter 50 in institlermized page) DITURE (any expenditures totaling more than \$	100 to a sigle payee o	luring the period	
must be itemized.)	JI OIL D	OTTI EMIZED EXI EN	DITORE (any expenditures totaling more than t	Too to a sigle payee u	iding the period,	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Karen	I I I I I I I I I I I I I I I I I I I		dipose of Experiorate		Amount of Expericitale	
Last Name/Business Name Brukardt						
Address			7			
2288 County Rd ZZ			Interest		\$1,500	
^{City} DePere	State WI	Zip Code 54115		1 4 1,000		
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Kelly Scott Madison						
Address						
303 E Wacker Dr 8th FI	Louis	T 7in Code	Advertising Invoice		\$12,500	
^{Cily} Chicago, IL 60601	State	Zip Code				
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			4			
The Bopp Law Firm, PO						
Address						
1 South Sixth St			Legal Fees		\$4,000	
Terre Haute, IN 47807-3	510					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Nationbuilder						
Address 448 S Hill St #200			Database AMahaita	#400		
City 740 3 Fill 3t #200	State	Zip Code	Database/Website		\$483	
Los Angeles	CA	90013				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			_		-	
Address					-	
City	State	Zip Code	-			
,						
First Name	Middle Nan	10	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
			_	*		
Address						
City	State	Zip Code	1			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if ac	iditional -	ages of this form are				
(If this is the last page of campaign expend		-	•		\$18,483.00	

ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD					
Yes on 1 Ballot Committee					FROM:07/01/15	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
FirstName	Middle N	ame				
Karen						
Last Name/Business Name				1		
Brukardt			0400 000	40		
Address			\$100,000	\$0	\$0	\$100,000
2288 County Rd ZZ						
City	State	Zip Code	Date of Loan		L	
DePere	wı	54115	11	0/31/2014		
First Name	Middle N			0/31/2014		
I solitano	Wilddig N	21110				
Last Name/Business Name	1					
Edst(ValiforDusilioss) (Valifo						
Address						
Addiess						
Cit.	Tour	I man				
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me				
INICUIOTIC				0		
Last Name/Business Name						
Address						
City	State	Zip Code	5.1.11			
•		.,	Date of Loan			
Challen	1000					
FirstName	Middle Na	me				
Last Name/Business Name						
				1		
Address		1			l	
City	State	Zip Code	Date of Loan			
l l						
4 707410						
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column	must also be shown				
in item 21 on summary page.)		\$100,000	\$0	\$0	\$100,000	

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD	
Yes on 1 Ballot Committee			FROM: 07/01/1	5 TO: 01/15/16		
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name The Bopp Law Firm, PC						
Address 1 South Sixth St			\$0	¢0 477 10	\$4,000.00	¢4 477 10
City Terre Haute, IN 47807-3510	State	Zip Code	φυ	\$8,477.10	\$4,000.00	\$4,477.10
Description of Obligation						
First Name	Middle N	ате				1
Last Name/Business Name Kelly Scott Madison						
Address 303 E Wacker Dr 8th Fl			60	\$40.047.70	#40 500 00	00 4 47 70
Clty Chicago, IL 60601	State	Zip Code	\$0	\$18,647.70	\$12,500.00	\$6,147.70
Description of Obligation						
First Name Middle Name						
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame		==		×
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		1				
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS			7			
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)			\$0	\$27,124.80	\$16,500.00	\$10,624.80